| Date Acce | epieu | | _ | | | ьо | NOT WAIL | тпіз го | RIVITOTHEFTS | |
|--|---|--|---|---|--|--|---|---|--|--|
| TAXABLE YEAR | | | | | | | FORM | | | |
| 202 | <u>0 Ca</u> | <u>alifornia e-file R</u> | eturn <i>l</i> | <u> Author</u> | izatio | on for Fig | duciarie | S | 8453-FID | |
| Name of esta | ate or trust | | | | | | FE | IN | | |
| Name and tit | tle of fiduciary | 1 | | | | | | | | |
| Part I | Tax Return I | nformation (whole dollars only | y) | | | | | | | |
| 1 Total inc | come (Form | 541, line 9) | | | | | | 1 | | |
| | | rm 541, line 20a) | | | | | | | | |
| | | , line 28) | | | | | | | | |
| | | , line 37) | | | | | | | | |
| 5 Overpai | d tax (Form | 541 line 38) | | | | | | 5 | | |
| | | Account Electronically for Ta | | | | | | | | |
| | | | t | | | b Withdrawal da | | | | |
| Part III | Schedule (| of Estimated Tax Payments for | | • | | | | _ | | |
| | | First Payment | Sec | ond Paymen | II | Third Pa | ayment | F | ourth Payment | |
| 7 Amou | | | | | | | | | | |
| | rawal Date | | | | | | | | | |
| | | nformation (Have you verified | | | ormation's | ') | | | | |
| | | | | | 44.7 | , | 7 01 11 | | | |
| 10 Account | | | | | 11 Type | of account: | Checking | Sav | ings | |
| | | of Fiduciary or Officer | | | | | | | | |
| l authorize | the fiduciar ne 6a and ar | y account to be settled as desiny estimated payment amounts | ignated in Pa s listed on line | rt II. If I ched e 7 from the | CK Part II, account s | Box 6, I authoriz pecified in Part I | e an electronic V. | tunds with | idrawal for the amount | |
| lines of the fiduciary is the fiduciary be transmit | fiduciary's 2 filing a balar y will remain ted to the FT | ginator (ERO), transmitter, or int 2020 California income tax retu nce due return, I understand tha n liable for the tax liability and a B by the ERO, transmitter, or in liate service provider, the reas | urn. To the bes at if the Franch all applicable i atermediate se | st of my knov nise Tax Board nterest and p ervice provide | wledge and d (FTB) do enalties. I | d belief, the fiduce es not receive ful authorize the ret | ciary's return is I and timely pay urn and accom | true, corre ment of the panying scl | ct, and complete. If the e fiduciary's tax liability hedules and statements | |
| Sign | | | | | | • | | | | |
| Here | Signatu | re of fiduciary or officer representir | ng fiduciary | Date | | Title | | | | |
| Part VI | Doclaratio | on of Electronic Return Origina | ator (EDO) an | d Daid Dron | arar Saa | inetructions | | | | |
| knowledge. FTB 8453-F before trans I will file wi form FTB 8 I will make fiduciary's | nat I have re . (If I am on FID accurate smitting thi ith the FTB, 8453-FID on a copy ava return and a | eviewed the above estate or trally an intermediate service proally reflects the data on the returns return to the FTB; I have proand I have followed all other reflie for four years from the distance to the FTB upon request accompanying schedules and son all information of which I have | rust return ar vider, I under n.) I have obta vided the fidu equirements ue date of the . If I am also statements, a | d that the el stand that I ained the fidu ciary or offic described in return or fo the paid pre nd to the bes | ntries on am not re iciary or o cer repres FTB Pub. i ur years f parer, und | form FTB 8453- sponsible for red fficer representing enting the fiducia 1345, 2020 Hand from the date the ler penalties of p | viewing the ret g the fiduciary ary with a copy dbook for Auth e fiduciary retu erjury, I declai | urn. I decla 's signature of all form orized e-fil rn is filed, e that I hav | are, however, that form e on form FTB 8453-FID ns and information that e Providers. I will keep whichever is later, and ve examined the above | |
| ERO Must Sign | ERO's signature | | | | Date | Check if also paid preparer | Check if self- employed | ERO's PT | IN | |
| | | Firm's name (or yours | | | | | Firm's FEIN | | | |
| | if self-employed) and address | | | | | | | ZIP code | | |
| | and address | , , , , , , , , , , , , , , , , , , , | | | | | | ZIF Code | | |
| | | ury, I declare that I have exami they are true, correct, and com | | | | | | | | |
| Paid | Paid . | | | | Date | | Check | Paid prep | arer's PTIN | |
| Preparer | preparer's signature | | | | | | if self- employed | ¬ | | |
| Must | Firm's name (or yours | | | | 1 | | Firm's FEIN | 1 | | |
| Sign | if self-emplo | oyed) | | | | | | ZIP code | | |
| | and dddiest | | | | | | | ZIF COUR | | |